

EXHIBIT A

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052022116205

CERTIFICATE OF DEATH

3202219026084

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) JOHN		3. LAST (Family) ALANIZ	
2. MIDDLE JOSEPH		4. DATE OF BIRTH mm/dd/ccyy 01/25/1988	
5. AGE Yrs. 34		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at Time of Death) NEVER MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN <input type="checkbox"/> NO	
16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) PACIFIC ISLANDER		7. DATE OF DEATH mm/dd/ccyy 05/04/2022	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED AIRFORCE AIRCRAFT MECHANIC		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MILITARY	
19. YEARS IN OCCUPATION 4		20. DECEDENT'S RESIDENCE (Street and number, or location) 3857 WEST 182ND STREET	
21. CITY TORRANCE		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90504		24. YEARS IN COUNTY 20	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SANDRA LANI KIRKMAN, MOTHER	
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST CARLOS		29. MIDDLE LOPEZ	
30. LAST (BIRTH NAME) ALANIZ		31. BIRTH STATE CA	
32. NAME OF FATHER/PARENT—FIRST SANDRA		33. MIDDLE LANI	
34. LAST (BIRTH NAME) AKANA		35. BIRTH STATE CA	
36. DISPOSITION DATE mm/dd/ccyy 05/17/2022		37. PLACE OF FINAL DISPOSITION RES CARLOS LOPEZ ALANIZ	
38. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		39. SIGNATURE OF EMBALMER NOT EMBALMED	
40. NAME OF FUNERAL ESTABLISHMENT O'CONNOR MORTUARY		41. LICENSE NUMBER FD1293	
42. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD		43. DATE mm/dd/ccyy 05/17/2022	
101. PLACE OF DEATH ST. FRANCIS MEDICAL CENTER		102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other	
103. COUNTY LOS ANGELES		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3630 E IMPERIAL HWY	
105. CITY LYNWOOD		106. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) DEFERRED		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
109. SEQUENTIALLY, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) DEFERRED		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/ccyy Decedent Last Seen Alive (B) mm/dd/ccyy		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE [REDACTED]		117. LICENSE NUMBER [REDACTED]	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]		121. INJURY DATE mm/dd/ccyy [REDACTED]	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]		123. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]	
124. SIGNATURE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON		125. DATE mm/dd/ccyy 05/16/2022	
126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER		127. FAX AUTH.# [REDACTED]	
128. CENSUS TRACT [REDACTED]		129. STATE REGISTRAR A B C D E	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

* 003608024 *

OCT 12 2022

Health Officer and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE